



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee GIBBS 4 KIDS				
To Whom Paid Smg GACC		Date (MM/DD/YYYY) 11/15/17		Amount 10.00
Street Address		Purpose PARKING		
City Columbus	State OH	Zip Code	Check Number DEBIT	
To Whom Paid ROOSTERS		Date (MM/DD/YYYY) 11/30/17		Amount 25.46
Street Address		Purpose MEALS		
City Columbus	State OH	Zip Code	Check Number DEBIT	
To Whom Paid KEY BANK		Date (MM/DD/YYYY) 11/30/17		Amount 3.00
Street Address		Purpose BANK CHARGES		
City Columbus	State OH	Zip Code	Check Number DEBIT	
To Whom Paid EB CRIMSON		Date (MM/DD/YYYY) 12/18/17		Amount 129.57
Street Address		Purpose EVENT		
City	State OH CA	Zip Code	Check Number DEBIT	
To Whom Paid KEY BANK		Date (MM/DD/YYYY) 12/29/18		Amount 3.00
Street Address		Purpose BANK CHARGES		
City Columbus	State OH	Zip Code	Check Number DEBIT	

Page Total \$ 171.03